



## An Alternative

There is considerable sentiment within the general public for "alternative" forms of health care. Although the *Journal* is dedicated to publishing scientific articles and writings on medical-socioeconomic issues, we perhaps should keep abreast of times and explore the periphery of the healing arts.

We open the door to such an approach in this issue of the *Journal*. Rock K T Ng, the author of "Cardiopulmonary exercise as a recently discovered secret of tai chi," is a civil engineer with HD&C, an old construction company here in Hawaii and elsewhere. Aside from that he has had an interest in tai chi since he was 7 years old in Hong Kong, an apprentice to and disciple of a famous master—Sifu, in Chinese, comparable to Sensei in Japanese—by the name of Wu. This master/disciple association continued for 22 years until Wu died; the master had bestowed upon Rock the mandate to teach tai chi and to impart its "secret" thereafter. He has done so in California and here.

Tai chi is one of the martial arts, but it stresses defense, and it forswears aggression. Rock emphasizes the fact that "the

older you are, the better you are at it." This had always been a mystery until Wu "discovered" its secret—that it affected the joints of the body in a positive way.

Rock has been teaching tai chi the past 26 years at many schools, for organizations and to groups. According to him, he has studied anatomy, physiology and has gone into acupuncture on a basis of improving people's health; but he is very modest about his accomplishments.

Tai chi has a large following in Hong Kong. It boasts an academy in Los Angeles but there is no formal organization dedicated to it here in Hawaii.

We express appreciation for Rock's allowing us to interpret what he means to say, he being hampered somewhat by the English language with which he is not too familiar.

We ask for the indulgence of our reader in submitting this article for their perusal and interest, and we would like some feedback from them as to its acceptability in the pages of the *Journal*.

J I Frederick Reppun MD  
Editor



I read with interest the letters in the March issue of the *Journal* by John H Houk MD and Stephen A J W Lung regarding the implementation of new managed care rules by our major insurance provider. It became apparent in reading these two letters that there is a wide chasm between our physician community and the insurers who provide managed care.

While it is true that participation with insurance plans and Medicare has enhanced access in Hawaii, strong competition especially on Oahu has promoted this as well. Hawaii's cost *per capita* for health care is among the lowest in our nation. However, much of this also can be explained by our demographic and ethnic population mix (the average longevity for orientals is significantly higher than Caucasians, ie, Chinese women live an average of 88 years). In addition, our community-rating for insurance premiums spreads the risk, resulting in a sharing of the cost *per capita*.

Although one of the primary driving forces behind managed care is cost, there are many others such as quality and efficient and effective use of our health care resources. Many physicians feel that quality and cost are linearly and directly related. This is not true. Eventually a point of diminishing

returns is reached when plotting the graph of cost and quality. This is highlighted to physicians almost daily when they see the poor quality of care and tremendous costs incurred when inappropriate medical care has been delivered (ie, costs are tremendously high and quality is very poor).

"Hassle factors" truly have to be addressed if managed care is to succeed. The administrative burdens and regulations our physician community faces is enormous. The addition of these overheads to our medical system will not serve to enhance the efficient and effective use of our health care resources. Managed care mechanisms must be streamlined with physician input. Suggestions for the development of managed care, coupled with a long-term partnership with physicians, are necessary.

This alliance between the segments of our health care system: physicians (and other providers), managed care administrators, and patients, will be the only way the private-practice health care system will survive.

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